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STATEMENT BY

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COMMANDANT OF CADETS
UNITED STATES MILITARY ACADEMY AT WEST POINT

BEFORE
PERSONNEL SUBCOMMITTEE
SENATE ARMED SERVICES COMMITTEE
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26 Chairman Nelson, Distinguished Members of this Committee, thank you for the
27 opportunity to testify today on behalf of West Point. West Point remains the world's
28 preeminent leader-development institution and a top tier college. Recent independent
29 rankings have named West Point as the best public college in the country. We are
30 proud of that, and of the record of our graduates, the Long Gray Line. However, this
31 winter, two Cadets committed suicide, and last summer we lost a faculty member and a
32 staff non-commissioned officer to suicide. Although the circumstances of these deaths
33 were all different, and suicides at the United States Military Academy over the past
34 several decades have been rare, this is very troubling. The loss of any Soldier is a
35 tragedy, and we remain dedicated to suicide prevention. We are committed to the well-
36 being of all the Soldiers.

37

38 I am the steward of our Cadets--sons and daughters of America--and I take that
39 responsibility very seriously. Let me assure you that everyone at West Point is re-
40 energizing our preventive measures, and investigating any patterns regarding these
41 incidents.

42

43 West Point is, of course, a college, not an Infantry Division, and we have found
44 that none of these Soldiers or Cadets had deployed to a combat zone. Furthermore, we
45 found that one of the Cadets who committed suicide had a pre-existing mental health
46 condition that he did not reveal during his medical screening for entrance to the U.S.
47 Military Academy.

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49 The Department of Defense accessions screening process has remained
50 relatively unchanged over the last two decades. The candidate completes a medical
51 history that asks specific medical questions, including questions about the candidate's
52 mental condition. Throughout the medical exam, the examining physician conducts a
53 mental health assessment evaluating the individual's affect; orientation to time, space,
54 and event; mood; anxiousness; and any other markers of abnormal behavior.

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56 We do believe that every candidate deserves an opportunity to be fully considered
57 for admission—and prior mental health conditions often turn out to be a transient
58 reaction to a stressful situation, for example, parents' divorce. However, our medical
59 community as well as the admissions committee, is scrutinizing waivers for these
60 conditions more closely, and we are less likely to grant a waiver for a mood or anxiety
61 disorder than we have in previous years. For the class of 2013, we approved waivers
62 for only three candidates in comparison to previous years in which we approved
63 approximately eight such waivers each year.
64

65 One data point we use as we analyze our situation is how we compare to other
66 colleges and universities across America. An American College Health Association
67 (ACHA) survey showed that 9.5% of college students have seriously contemplated
68 suicide and 1.5% have made a suicide attempt. About 95 percent of students who
69 commit suicide are clinically depressed.
70

71 Data also shows that the national college student suicide rate is 7.5 per 100,000
72 students. We are well below that—we have had only 7 Cadet suicides in the past three
73 decades. This works out to about 6 suicides per 100,000. Of course, those numbers
74 are no comfort to us because our goal is to prevent all suicides.
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76 To that end, West Point has, and has had, a robust mental health program that
77 includes
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- 79 • Mental health professionals in the Cadet counseling center, the Center for
80 Personal Development (CPD), located directly in the Cadet area. The CPD, a
81 personal counseling and leadership center for Cadets, is staffed by trained
82 professional counselors and psychologists who operate under very strict
83 confidentiality policies.
84

- Mental Health Professionals at Keller Army Community Hospital, on post. It is interesting to note that the number of Cadet appointments with a psychiatrist has increased significantly in the past 5 years. We do not believe this means we have an increase in Cadet psychopathology, but, rather, a reduction in the stigma associated with seeking help and a greater willingness to do so.
- An academy-wide focus on intellectual, physical, ethical, social and spiritual well-being.
- A voluntary and rich religious program of all faiths that includes involved Chaplains; several chapels, including a mosque; and religiously-oriented organizations and clubs, such as the Gospel, Jewish, and Catholic choirs and Cadet-led Sunday School for our families.
- Close supervision of and interaction with all Cadets by their Tactical Officers and NCOs, their Cadet chain of command, their professors and coaches, and their sponsors. This personal coaching, teaching and mentorship is one of the hallmarks of West Point, and it is what separates us from all other universities and colleges in America.

As you can see, we make every effort to maintain a robust mental health program, but after the second Cadet committed suicide while he was on a medical leave of absence and under psychological care, we quickly redoubled our efforts. Immediately upon their return from winter leave, I spoke to all Cadets about suicide prevention and ensured all of them received a formal suicide prevention briefing.

The Superintendent also addressed the issue of suicide head on. He directed all units to complete suicide prevention training by the end of January. In addition, we convened a multi-functional Mental Health Team from organizations across the post to address this issue, specifically the issue of information-sharing between mental health professionals and unit chains of command. We also ordered suicide prevention

handouts for every Cadet, Soldier and Civilian employee on post, which were received and distributed by mid-January.

General Hagenbeck also re-iterated to all Leaders that suicide prevention and response is clearly a Command program, and there should be no stigma associated with seeking help. His commentary was published in our post newspaper, as a reminder to everyone to seek help when it is needed.

We also requested assistance from the Department of the Army Office of The Surgeon General (OSTG). We believed, and this was confirmed by the OTSG team's initial review, that our programs were sound and there is not a significant stigma associated with seeking help when it is needed among our Cadets. Specifically, the OTSG team found that our mental health professionals have been providing appropriate treatment; and, aside from a friendship between a Cadet who had committed suicide and another who later made a suicide gesture, there is no evidence of suicide contagion. Despite these positive findings, we remain concerned that, after 10 years without a Cadet suicide, two occurred just a month apart. As a result, we are continuing to improve our program, and participate fully in the Army's education and information programs over the coming months.

As directed by the Vice Chief of Staff of the Army to all Army units, we conducted a suicide prevention stand-down day and training between February 15 and March 15. Additionally, we will complete the chain-teaching program focused on suicide prevention that allows Leaders to communicate with every Soldier by 15 June.

I also would like to address an allegation in a recent Washington Post story. The reporter inaccurately used the term "hazing" to describe what she later called "teasing." Hazing is specifically prohibited by Army regulation, and the days of hazing are long gone at West Point. If a Cadet is found to have engaged in inappropriate behavior, appropriate disciplinary action will be taken against the Cadet based on the facts and

146 circumstances of the Cadet's individual case. West Point is, and should be stressful,
147 but there is no hazing.

148
149 The Superintendent has emphasized that Leaders must vigilantly watch for
150 suicide indicators. Leaders must communicate to those under our charge that there is
151 no problem we cannot help them through, and no problem that should result in their not
152 seeing the sun rise the next day.

153
154 The over-arching goal is educating Soldiers, Families and Civilians about the
155 world-class suicide prevention programs, training, and resources available to create
156 greater awareness about the warning signs of suicide and the appropriate responses
157 that can save a person's life. We are committed to providing the resources for
158 awareness, intervention, prevention, and follow-up necessary to help our Cadets,
159 Soldiers, Civilians, and their Families overcome difficult times.

160
161 I would like to emphasize that your tremendous support has proven, and will
162 continue to prove, absolutely essential to taking care of Soldiers. You continue to
163 nominate to West Point young men and women of the highest caliber whose willingness
164 to serve portends another great American Century. With your continued Leadership
165 and support for the Army and West Point, we look forward to meeting the challenges
166 ahead. Together, we will continue to make a difference.